

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063559

1. Entity Name

WOODSETTER PAVILION, INC.

Principal Place of Business

5645 NW 27TH COURT
LAUDERHILL FL 33313
US

Mailing Address

149 NW 101ST STREET
MIAMI FL 33150-1213
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0520322

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, DR JOHN
149 NW 101ST STREET
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name

HENRY BERMUDEZ

Street Address (P.O. Box Number is Not Acceptable)

110 E. 10 ST. # 23

City

HALEAH

FL

Zip Code

33010

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed name of entity and agent, and title if applicable.

V. HENRY BERMUDEZ 3-20-00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME OLIVER, DR JOHN
STREET ADDRESS 149 NW 101ST STREET
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ Delete
NAME S
STREET ADDRESS RAMRUP, SOM
CITY-ST-ZIP 5645 NW 28 ST
LAUDERHILL FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Henry Bermudez
CITY-ST-ZIP 110 E. 10 St. # 23
Hialeah FL 33010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a power of attorney empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

04-27-2000 90009 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/99)